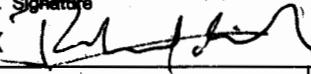




Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CA No. 04-10345-NMG	
DEFENDANT MOHAMMED ABDUL AZIZ QURAISHI		TYPE OF PROCESS Preliminary Order of Forfeiture	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize: Mohammed Abdul Aziz Quraishi		
	Address (Street or RFD / Apt. # / City, State, and Zip Code): 38 Kevin Clancy Way, Stoughton, Massachusetts 02072		
Send NOTICE OF SERVICE copy to Requester: KRISTINA E. BARCLAY, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)			
Please serve the attached Preliminary Order of Forfeiture upon the above-referenced individual by certified mail, return receipt requested. KAB x3294			
Signature of Attorney or other Originator requesting service on behalf of 		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100 Date March 3, 2006
SIGNATURE OF PERSON ACCEPTING PROCESS:			
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
I hereby Certify and Return That I <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service <input type="checkbox"/> AM <input type="checkbox"/> PM Please see Remarks
Signature, Title and Treasury Agency Stephen P. Leonard, Forfeitures Officer			
REMARKS: U.S. Customs & Border Protection The Preliminary Order described above was served as directed by certified mail. Certified Mail receipt number 7001 2510 0003 4299 4528 attached showing delivery on March 25, 2006			

TD F 90-22.48 (6/96)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<input checked="" type="checkbox"/> Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Received 	
1. Article Addressed to:		C. Date of Delivery 3/25	
<p>Mohammed Abdul Aziz Quraishi 38 Kevin Clancy Way Stoughton, MA 02072</p>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from s.) 7001 2510 0003 4299 4528		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail, Non-Federal Government First Class)		
OFFICIAL USE		
4528 4299 0003 2510 7001	Postage	\$
	Certified Fee	
	Return Receipt Fee (Endorsement Required)	
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees \$	
Sent To Mohammed Abdul Aziz Quraishi Street, Apt. No.; or PO Box No. City, State, ZIP+4 Stoughton, MA 02072		
Postmark Here 